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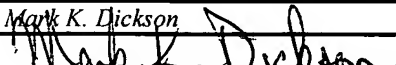
<b>PLANT PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	<b>Attorney Docket No.</b>	10451.0041.NPUS01
	<b>First Named Inventor or Application Identifier</b>	Mark R. Boeder
	<b>Title</b>	Chrysanthemum Plant Named 'Stereophonics'
	<b>Express Mail Label No.</b>	EL615212705US

ADDRESS TO:

Commissioner for Patents  
Box Patent Application  
Washington, DC 20231447 U.S. PTO  
10/622758  
07/17/03

APPLICATION ELEMENT <i>See MPEP chapters 600 &amp; 1600 concerning plant patent application contents.</i>	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> *Fee Transmittal Form <i>(Submit an original and a duplicate for fee processing)</i>	6. <input type="checkbox"/> Plant Color Coding Sheet
2. <input checked="" type="checkbox"/> Specification [Total Pages <input type="text" value="10"/> ] <i>(2 copies required - 37 CFR 1.163(b))</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"><li>- Descriptive title of the Invention (with Plant's name)</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings</li><li>- Detailed Botanical Description</li><li>- Claim (only one (1) permitted MPEP 1605)</li><li>- Abstract of the Disclosure</li></ul>	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input checked="" type="checkbox"/> Color drawing(s) [Total Sheets <input type="text" value="2"/> ] <i>(2 copies required - 37 CFR 1.165(b))</i>	8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
4. Oath or Declaration [Total Pages <input type="text"/> ] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> <i>[Note Box 5 below]</i><ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></li></ul>	9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	11. <input type="checkbox"/> Preliminary Amendment
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Two) <i>(Should be specifically itemized)</i>
	13. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
	15. <input checked="" type="checkbox"/> Other: Patent Application Data Sheet Form

**NOTE FOR ITEMS 1 & 13:** IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
<input type="checkbox"/> Continuation		<input type="checkbox"/> Divisional		of prior application No: /	
Prior Application Information: Examiner:				Group/Art Unit:	
17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below					
NAME	Mark K. Dickson HOWREY SIMON ARNOLD & WHITE, LLP				
ADDRESS	301 Ravenswood Avenue				
CITY	Menlo Park	STATE	CA	ZIP CODE	94025
COUNTRY	USA	TELEPHONE	650.463.8234	FAX	650.463.8400
Name (Print/Type)	Mark K. Dickson		Registration No. (Attorney/Agent)	Reg. No. 32,889	
Signature			Date	July 17, 2003	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL For FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)\$520.00

## Complete if Known

Application Number	
Filing Date	July 17, 2003
First Named Inventor	Mark Roland Boeder
Examiner Name	
Group Art Unit	
Attorney Docket No.	10451.0041.NPUS01

## METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Acct. No. **50-1263**

Deposit Account Name **Howrey Simon Arnold & White, LLP**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	750	201	375	Utility filing fee	
106	330	206	165	Design filing fee	
107	520	207	260	Plant filing fee	\$520.00
108	750	208	375	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)\$520.00

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
1	-20**	X	-0-
Independent Claims	3**	X	
Multiple Dependent			

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)-0-

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Fee	Entity Fee	Small Fee	Entity Fee	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	410	216	205	Extension for reply within second month	
117	930	217	465	Extension for reply within third month	
118	1,450	218	725	Extension for reply within fourth month	
128	1,970	228	985	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,300	241	650	Petition to revive - unintentional	
142	1,300	242	650	Utility issue fee (or reissue)	
143	470	243	235	Design issue fee	
144	630	244	315	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	750	246	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	750	249	375	For each additional invention to be examined (37 CFR § 1.129(b))	
179	750	279	375	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_  
\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

Name (Print/Type) **Mark K. Dickson**  
Signature *Mark K. Dickson*

Registration No. (Attorney/Agent) **32,889**

## Complete (if applicable)

Telephone **650.463.8234**  
Date **7/17/03**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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